

1979 Snyder St., Suite 150, MSIN G3-70, Richland, WA 99354  
P.O. Box 150, Richland, WA 99352

Date: \_\_\_\_\_

Re: \_\_\_\_\_  
*Client Name*

Dear Healthcare Provider:

Please provide a note for the above Hanford Site employee with the following information so that we can complete the return-to-work process:

- a. Date cleared to return to work.
- b. Is the patient returning to work with or without a work restriction?
  - a. If work restriction is necessary, please be specific (e.g., no night or swing-shift work, part-time only, no overtime, no driving, etc.).
  - b. Duration of the work restriction.
- c. Your printed name, signature, title, and name of healthcare facility.

For questions, please call the provider listed below at 509-376-4418.

☐ Janice Kusch, Ph.D.  
Clinical Psychologist  
Manager, Behavioral Health Services

☐ Richard Boone, Ph.D.  
Clinical Psychologist

☐ Kim Lindholm, M.Ed., LMHC  
Employee Assistance Program  
Counselor

Thank you,

Behavioral Health Services,  
HMPMC Occupational Medical Services